SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date-Stamp-(Received)

-

JUL 2 6 2017 [m] Permit #: Date: **Amount Paid:** 25 R 17-036 9-13-17

Refund:

9-10-17 B

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPERAMENT CO. Zoning Dept.

☐ Is Property/Land within 300 feet of River Stream (incl. Intermittent) Distance Structure is from Shoreline :	Section 35, Township 43 N, Range	$\mathcal{NE}_{1/4}$ , $\mathcal{NE}_{1/4}$ Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	CANTOLIACE OFFICE (Leaves affiling Oppingation of behalf of owner(a))	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Snott Blad	Contractor: /	Address of Property:  /8805 Fre1s R	Stuart By d	Owner's Name:	TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SAN	
er Stream (incl Intermitted	_ W Town of:	CSM Vol &	Tax ID# (4-5 digits) 34963	g	Agent Phone:	715-798-2364	Contractor Phone:	Makada Cable	Po Box 284	Mailing Address:	☐ SANITARY ☐ PRIVY	
Distance Structure	Louble, w1	Lot(s) No.	1963	ó	Agent Mailing Address (include City/State/Zip):	- The state of the	Plumber:	Mydiana Cable WI 54821		City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	1
s from Shoreline	Lot	Block(s) No. Sut	Recc Doct		nclude Citv/State			1	Cable W154	ib:	☐ SPECIAL	
-	Lot Size	Subdivision:	Recorded Deed (i.e. #		/Zip):				8			
	Acreage 17,00		Deed (i.e. # assigned by Register of Deeds	Attached	Written Authorization	1	Plumber Phone:	715-558-5993	715 798 446	Telephone:	B.O.A. DOTHER	

	Creek or Landward side of Floodplain?		If yescontinue		teet	Floodplain Zone?	Present?
□ Shoreland —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ו 1000 feet of Lake, Pon ול אי	Pond or Flowage If yescontinue	Distance Stru	Distance Structure is from Shoreline : feet	□ Yes	□ Yes
Mon-Shoreland					THE PARTY OF THE P		
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# bedrooms	What Type of Sewer/Sanitary System Is on the property?	oe of ry System operty?	Water
	☐ New Construction	□ 1-Story	📡 Seasonal	□ 1	☐ Municipal/City		City
·	☐ Addition/Alteration	☐ 1-Story + Loft	<sup>1</sup> □ Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	XWeⅡ
3,000	□ Conversion	□ 2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	ify Type:	
	Relocate (existing bldg)	Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ulted (min 200 gallon)	
	Run a Business on	□ No Basement		None None	□ Portable (w/service contract)	ntract)	
	Property	Foundation			☐ Compost Toilet	And the second s	ı
	X Beck	X	A Company of the Comp	200	None		
	The state of the s						
Existing Structure	Existing Structure: (if permit being applied for is relevant to it)		A Constitution	V		Height: /	<b>3</b>

Proposed Construction

Height:

Proposed Use	\ \	Proposed Structure	Dimensions
		Principal Structure (first structure on property)	( x
		Residence (i.e. cabin, hunting shack, etc.)	X
		with Loft	( ×
X Residential Use		with a Porch	( ×
÷		with (2 <sup>nd</sup> ) Porch	( x
Rec'd for Issuance		with a Deck	×
		with (2 <sup>nd</sup> ) Deck	( x
्रिक्शिं विज्ञिक्ष्मिक्		with Attached Garage	( ×
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×
Secretarial Staff	Ы	Mobile Home (manufactured date)	×
	A	Addition/Alteration (specify)	(43 × 27)
Municipal Use	P	Accessory Building (specify)	×
Hec a for issuance	Ca	Accessory Building Addition/Alteration (specify)	×
	~J		
300 - 20 CE		Special Use: (explain)	×
一Cery Date Care Care Care Care Care Care Care Car	#	Conditional Use: (explain)	×
		Other: (explain)	~ × ×

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES y accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the 123

	utnorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany	
this application)	

Address to send permit

Owner(s):

(If there are Multiple

listed on the

All Ow

must sign or letter(s) of authorization must accompany this application)

Date

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Granted by Variance (B.O.A.)

☐ Yes □No Prior to the placem Inspection Record: Issuance Information (County Use Only) Setback to **Privy** (Portable, Composting)
Prior to the placement or construction of a structure within Setback from the West Lot Line Setback from the East Lot Line Setback from the **Centerline of Platted Road**Setback from the **Established Right-of-Way** Date of Inspection: Permit #: Permit Denied (Date): Setback from the South Lot Line Setback from the North Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Septic Tank or Holding Tank Date of inspection: 8/9/7 Inspected by: 9/96 (If No they need to be attached.) Condition(s): Town, Committee or Board Conditions Attached? 9/96 (If No they need to be attached.) Was Parcel Legally Created Was Proposed Building Site Delineated Please Signature of Inspector: Hold For Sanitary: complete (1) - (7) above (prior to continuing) 17-036-7 (2) (2) (3) (4) (5) (6) (7) (9) rent or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from veyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be 13/18/ since Show any (\*): Show any (\*): Setbacks: (measured to the closest point) Show: Show: Segrice. Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show Location of (\*): Show / Indicate: Description Show Location of: NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. T stea <u>Draw or Sketch your Property</u> (regardless of what you are applying for) ると proposed f a structure within ten (10) feet of the ked by a licensed surveyor at the owne ☐ Yes☐ Yes☐ Yes☐ Yes☐ OCK 50 Hold For TBA: Yes | No Proposed Construction
North (N) on Plot Plan
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Ho
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
(\*) Wetlands; or (\*) Slopes over 20% (Fused/Contiguous Lot(s)) (Deed of Record) Sanitary Number: 04 Permit Date: Reason for Denial: Measurement Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. 2500 2500 500 500 300 0 Solow. Hold For Affidavit: 9-13 N N N N Feet Feet Feet Feet Feet Feet Feet Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Were Property Lines Represented by Owner
Was Property Surveyed Setback from Wetland
20% Slope Area on pro Setback to Well Elevation of Floodplain Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback from the Lake (ordinary high-water mark) / line from which the setback しってか Changes in plans must be approved by the Planning & Zoning Dept. on property # of bedrooms: Hold For Fees: □ Yes (No No Affidavit Required Affidavit Attached □ Yes Date of Re-Inspection: Lakes Classification Sanitary Date: Zoning District Ö Date of Approval: ☐ Yes Measurement □ Yes ò N N N N ON O Feet Feet 8 Feet Feet Feet Feet

City, Village, State or Federal May Also Be Required

AND USE - X
SANITARY - 09-151S
SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	367		1:	ssued	d To: St	Stuart & Amy Byrd									
Par in Location:	NE	1/4	of	NE	1/4	Section	25	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot			L	_ot		Blo	ck	Su	bdivisio	on				CSM#		

For: Residential Addition / Alteration: [ 1- Story; Deck (43' x 22') = 610 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

Authorized Issuing Official

September 13, 2017

Date

STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN 

Date Stamp (Rece AUG (3) 

Bayfield Co. Zoning Depi

Refund	Amount Paid:	Date:	Permit #:
	Paid:		
	650 8-31-1°	9.13-17	17-0370-

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ari en	Section $\frac{1}{2}$ , Township $\frac{43}{4}$ N, Range $\frac{7}{2}$ W	$\mathcal{NE}_{1/4}$ , $SE_{1/4}$ Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Peter Jokinen	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Silver Creek Post Frame	Address of Property: 14935 County thay M	MGD Cable Storage LLC	Owner's Name:	TYPE OF PERMIT REQUESTED →   LAND USE   SAI
A COMMISSION OF THE PROPERTY O	w Town of Cable	CSM	Tax ID# (4-5 digits) $8817$	same	Agent Phone: Agent Mailing Address (include City/State/Zip):	715-681-0667 Plumber:	Cable, WI 54821	inty Huy D	Mailing Address: City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
	Lot Size	Subdivision:	Recorded Deed (i.e. # Document #: 20		state/Zip):			1821		
	Acreage 2. 8		Recorded Deed (i.e. #assigned by Register of Deeds)  Document #: 20/6 R-562451	Attached	Written Authorization	Plumber Phone:	608-343-8751	715-794-2384	Telephone:	☐ B.O.A. ☐ OTHER

	Creek or Landward side of Floodplain? If yescontinue —	of Floodplain? If ye	If yescontinue —	Distalice 3110	feet	Is Property in Floodplain Zone?	Are Wetlands Present?
☐ Shoreland —▶	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	1000 feet of Lake, Pon	Pond or Flowage If yescontinue	Distance Stru	Distance Structure is from Shoreline :	□ Yes ■ No	□ Yes ¬No
√ Non-Shoreland						aligned from the control of the cont	
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary Syste Is on the property?	pe of ry System operty?	Water
-	▼ New Construction	メ 1-Story	□ Seasonal	_ <b>1</b>	☐ Municipal/City	and the state of t	□ City
٠ -	$\square$ Addition/Alteration	☐ 1-Story + Loft	X Year Round	□ 2	☐ (New) Sanitary Specify Type:	ify Type:	. Uwell
260,000	□ Conversion	□ 2-Story		3	☐ Sanitary (Exists) Specify Type:	ify Type:	, , , , ,
0.00	☐ <b>Relocate</b> (existing bldg)	Basement			☐ <b>Privy (Pit)</b> or ☐ <b>Vaulted</b> (min 200 gallon)	ulted (min 200 gallon)	- m/cc
	☐ Run a Business on	□ No Basement	######################################	⅓ None	☐ Portable (w/service contract)	ntract)	
	Property	☐ Foundation			☐ Compost Toilet		<u> </u>
		4212 4		- AND	X None		
Evisting Structure	· (if permit being applied fo	r is relevant to it)	O Sept.		Width.	Ho or	A. A
Existing Structure	Existing Structure: (If permit being applied for is relevant to it)	I IS TELEVALITY TO IT	Lengin:		Wight:	regic	Ô
Proposed Construction:	ction:		Length: /	7 %	Width: 02	Height: /	04

つっていたっていた。		Special Us		Rec'd for Issuance Accessory	☐ Municipal Use ★ Accessory		☐ Mobile Ho	☐ Bunkhous	✓ Commercial Use				☐ Residential Use		☐ Residence	☐ Principal S	Proposed Use
	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify) Additions Storage Slds	Addition/Alteration (specify)	Mobile Home (manufactured date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
_	_	_	-	_	_	_	-	_	_	_	_	_	_	-	_	_	
٧ ،	×	×	t de	×	64 × 178)	×	×	×	×	×	×	×	×	×	×	×	Dimensions
				İ	1,392			· · · · · · · · · · · · · · · · · · ·									Square Footage

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** prelying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any years are successed inspection.

Address to send permit 9-11-Authorized Agent:

Authorized Agent:

Depulare signing to the state of Owner(s): ng on behalf of the owner(s) a letter of authorization must accompany this application) the  ${\it D}{\it E}{\it e}{\it d}$   ${\it A}{\it II}$  Owners must sign  ${\it o}{\it r}$  letter(s) of authorization must accompany this application)

Date	Date
-	87
	3/-
	1

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

TIPLE CONTENT	Condition(s): Town, Committee or B Signature of Inspector:	Inspection Record:  Date of Inspection:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) 口 Yes すNo Case	7-0370 rcel a Sub-Standard Lot in Common Ownership acture Non-Conforming	Permit Denied (Date):	Issuance Information (County Use Only)	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visit other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setter one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the permitted by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (House Permitted) and Use Permitted Expire One (1) Year from the Date of Issuance if Construction or Use has not The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.	Setback to <b>Privy</b> (Portable, Composting)	Setback to Septic Tank or Holding Tank	Setback from the <b>West</b> Lot Line Setback from the <b>East</b> Lot Line	Setback from the <b>South</b> Lot Line	Setback from the Established Right-of-Way	Setback from the Centerline of Plat	(8) Setbacks: (measure Description	Please complete $(1) - (7)$ above			(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TRA:	Town, Committee or Board Conditions Attached?	1/1/2	ted Yes INO	#	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	P. 20	Use Only) Sa	construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visit corner or marked by a licensed surveyor at the owner's expense.  I contruction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set conner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the previous at the owner's expense.  Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (House of Notice: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform The Iocal Town, Village, City, State or Federal agencies may also require permits.		ank			of-Way	red Road	Setbacks: (measured to the closest point)  Description  Mea	(7) above (prior to continuing)		170	*:
Hold For Af	Yes No - Condition Practices erosion properties shall be considered.	ected by:			Lot(s))	Reason for Denial: Permit Date:	Sanitary Number:	minimum required setback, the r's expense.  r's expense.  thess than thirty (30) feet from the fiable by the Department by use fiable by the Department by use of New Construction,  of New Construction,  Expire One (1) Year from the fiable by the Department by use fiable by the Department by use fiable by the Department by the Departme		. 1 🔪 1	1 1	30 Feet	1 1 1		oint) Measurement		>	The state of the s	Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
fidavit:	they need to be Construction site nall be implement sedimentation retained.		Were Property Line	Previously Granted by  Ves XNo	Mitigation Required Mitigation Attached		#	boundary line from which the s the minimum required setback, of a corrected compass from a Septic Tank (ST), Drain the Date of Issuance if Municipalities Are Requ		Setback to Well	Elevation of Floodplain	Setback from Wetland	Setback from the River, Stream Setback from the Bank or Bluff	Setback from the Lake (ordinary		Chan		15 The Rock	I (Name Frontage Roa erty ) <b>Drain Field (</b> DF); (*) k; or (*) <b>Pond</b>
Hold For Fees:	attached.) best management led to prevent any onto neighboring essary UDC permit		Were Property Lines Represented by Owner Was Property Surveyed	Variance (B.O.A.)	□ Yes →No		of bedrooms:	etback must be measured must the boundary line from which known corner within 500 feet a field (DF), Holding Timed To Enforce The Urse has or require permits.			olain	and	'	ake (ordinary high-water m	Description	Changes in plans must be approv			d) <b>Holding Tank</b> (HT) an
	Date of Approval:	Zoning District ( Lakes Classification (  Date of Re-Inspection:	er PYesed	Case #:	Affidavit Required Affidavit Attached		Sanitary Date:	ble from one previous the measur responsed site of the same.  T), Privy (P), are begun.  Dwelling Code.			∐ Yes			ark)	M	pproved by the Plannii	- Hw		nd/or (*)
A STATE OF THE STATE OF T	oval:	( C )	O No		□ Yes Dino □ Yes □ No			ed must be visible from tructure, or must be and the definition of		Ma Feet	Na	$n/\alpha$ Feet	$h/\alpha$ Feet $h/\alpha$ Feet	W/a Feet	Measurement	ed by the Planning & Zoning Dept.	Win		-

City, Village, State or Federal May Also Be Required

SANITARY - None SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		17-0	370			ssue	d To: M	GD C	able Storag	e LLC	: / Eu	igene Di	ubie	l. Age	enf	
<b>2 Par</b> Locati		NE	1/4	of	SE	1/4	Section	17	Township	43	N.	Range		W.	Town of	Cable
Gov't L	_ot			L	.ot		Blo	ock	Sul	odivisio	n				CSM#	
		s): C	ons	truc	tion s	site t	est mai	2200	; Storage B	iai peili	ittirig.					
			tair	ied.	ation	onte	o neigh	boring	g propertie	es sh es or	wetl	e implei lands. N	nen lece	ted to essary	prevent UDC p	any erosion o ermit shall b
OTE:	This	permit (	expire	es one	e year fr	om da			-			e implei lands. N	nen lece	ssar	prevent y UDC p	any erosion o ermit shall b
OTE:	Chan This <sub>I</sub>	permit of land or land of land	expired use of the plans t	es one has no or spee voice repres	e year frot begunecification or rev	om da n. ions sh oked if	te of issuar	nce if the	e authorized con	struction approval s found	)	e implei lands. N	4606	Tra	V ODC b	ermit shall b

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 Bay⊊ield County

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 0 7 2017

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED—▶

☐ LAND USE

□ SANITARY

□ PRIVY

CONDITIONAL USE

City/State/Zip:

SPECIAL USE

B.O.A. L

OTHER

Mailing Address:

2

カオシスの

City/State/Zip

Address of Property ののをみだる

Authorized Agent: (Person

on behalf of Owner(s))

Agent Phone:

a Ma

4242

0

Agent Mailing Address (include City/State/Zip):

Contractor Phone

h

T

3

とから

1744

Cell Phone:

G

Plumber Phone

PROJECT LOCATION

Legal Description:

(Use Tax Statement)

Tax ID# (4-5 digits)

of Completion
\* include
donated time &
material

Project

# of Stories

Use

**약** #

bedrooms

Sewer/Sanitary System Is on the property?

Water

What Type of

☐ Non-Shoreland

Value at Time

☐ Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

Å

☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes--

(incl. Int

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?
☐ Yes

Are Wetlands

Present?
☐ Yes □ No

∐ No

Distance Structure is from Shoreline:

continue

Section

, Township

N, Range

1/4,

1/4

Gov't Lot

Lot(s)

17.5 Town of:

S

010

Lot Size

Acreage

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Document #: Recorded Deed (i.e.

# assigned by Register of Deeds)

Attached

Written Authorization

Ś

68000

Addition/Alteration

Year Round Seasonal

(New) Sanitary

Specify Type:

□ Well

City

Municipal/City

ω 2

Sanitary (Exists) Specify Types // /Privy (Pit) or U Vaulted (min 200 gallon)

Construction

Conversion

□ Run a Business ☐ Relocate (existing bldg)

9

No Basement Foundation Basement 2-Story 1-Story + Loft

None

Compost Toilet

Portable (w/service contract)

T

Residential Use

CN ( 10 m)

中

Commercial Use

☐ Municipal Use

Proposed Construction:

**Proposed Use** 

olo

Principal Structure (first structure o Residence (i.e. cabin, hunting shack,

(first structure

on property)

etc.

**Proposed Structure** 

**Dimensions** 

Footage Square Length:

Width:

Height: Height:

with Loft

with a Porch with (2<sup>nd</sup>) Porch

 $\times \times$ 

with a Deck with (2<sup>nd</sup>) Deck

with Attached Garage

**Existing Structure:** 

(if permit being applied for is relevant to it)

Date: Amount Paid:

Permit #: hoo , 7-0374

Authorized Owner(s): (If there are Multiple Owners listed on the Deed All Owners mast sign or letter(s) of authorization must accompany this application) (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date Date

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

FAILURE TO OBTAIN A PERMIT <u>or STARTING CONSTRUCTION WITHOUT</u> A PERMIT <u>WILL RESULT IN PENALTIES</u> am (are) responsible for the detail and accuracy of all information | (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issu may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with adminis above described property at any reasonable time for the purpose of inspection.

, correct and complete. I (we) acknowledge that I (we) r to issue a permit. I (we) further accept liability which administering county ordinances to have access to the

 $\times | \times | \times |$ 

 $\times |\times| \times |$ 

Other: (explain) \_\_

Special Use: (explain)\_

Accessory Building Addition/Alteration (specify

**Accessory Building** Addition/Alteration

Mobile Home (manufactured date)

(specify) (specity)

Bunkhouse w/ (□

sanitary, or

sleeping quarters, or

cooking & food prep facilities)

 $\times$ × ××

Conditional Use: (explain)

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show:	1) Show Location of: 2) Show / Indicate: 3) Show Location of (*): 4) Proposed Construction 2) Show / Indicate: 3) Show Location of (*): 4) Priveway and (*) Frontage Road (Name Frontage Road) 5) Show: 6) All Existing Structures on your Property 6) Show: 6) Show: 6) Well (W): 4*) Sortic Tank (CT): (*) Drain Field	roperty (regardless of what you are applying for)  Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  All Existing Structures on your Property  (*) Well (N): (*) Sentin Tank (ST): (*) Drain Field (DE): (*) Holding Tank (HT) and (or (*) Drain (D))	(or (*) Drive (D)
Show any (*):	(*) Wetlands; or (*) Slopes over 20%	7	
300	OF TAIS!	130	
560a 1/24 30	5	30 30	28
	hert 230'	THO PL	158
		300	
		and the second	
(8) Setbacks: (measured to the closest point)	the closest point)	Changes in plans must be appr	oproved by the Planning & Zoning Dept.
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	3/0 Feet Feet	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek	ter mark) Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	300 Feet 3	Setback from Wetland  20% Slope Area on property	Feet ☐ No
Setback to Septic Tank or Holding Tank		Setback to Well	Feet
Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet other previously surveyed corner or marked by a licensed surveyor at the	Feet	dary line from which the setback must be measured must be	e visible from one previously surveyed corner to th
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet marked by a licensed surveyor at the owner's expense.	n ten (10) feet but less than thirty (30) feet from the mined corner, or verifiable by the Department by use of a co		the setback must be measured must be visible from of the proposed site of the structure, or must be
NOTICE: All Land For The Construction Of No	Use Permits Expire One (1) Year from the ew One & Two Family Dwelling: ALL Muni he local Town, Village, City, State or Feder	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	not begun. Prom Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date):	Neason for Denial:	37 # of bedrooms: 3	Sanitary Date: 3/29/20
Permit #: 17-0374	Permit Date: 9-15-17		
Is Parcel a Sub-Standard Lot		Mitigation Required Ses No A	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)    Yes   No   Case #	#:
Was Parcel Legally Created Sulding Site Delineated Serves	No	Were Property Lines Represented by Owner Was Property Surveyed	No  No  No  No  No  No  No  No  No  N
Inspection Record:	2	3	Zoning District ( ) Lakes Classification ( )
Date of Inspection: 9/19/17 Condition(s): Town, Committee or Board Condition(s)	Inspected by: Whe	W nood to he attacked !!	Date of Re-Inspection:
	1	Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.	
Hold For Sanitary: Hold For TBA:	☐ Hold For Affidavit:	Hold For Fees:	

City, Village, State or Federal May Also Be Required

AND USE - X SANITARY - 327537 SIGN -SPECIAL -CONDITIONAL -BOA -

## **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Being a pa .ocation:	rcel iı SE	n ¼ (	of N	IW ½	Section 24	Township	<b>43</b> N.	Range	8	W.	Town of Cable
ov't Lot			Lot	1	Block	Sub	division				CSM# <b>850</b>

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

## **Tracy Pooler**

**Authorized Issuing Official** 

September 15, 2017

Date